

YEAR END MCH BLOCK GRANT REPORT (Due Date: August 15, 2010)

All of the questions below are based on the required elements of the Task Order. This report verifies your county's compliance with the Maternal and Child Health (MCH) Block Grant Task Order requirements and should be filled out by the Liaison/MCH contact. If you have any questions or concerns please contact Ann Hagen-Buss, Maternal and Child Health Data Monitoring Section Supervisor, at (406) 444-4119 or abuss@mt.gov.

1. **What is the name and title of the Liaison/MCH contact who ensures your County's compliance with the MCH Block Grant Task Order requirements?** *(Must be a health care professional)*

Name:

Title:

2. **Has your County completed the 2009 Pre-Contract Survey and submitted it to the Department?**

Yes

No

3. **Does your County comply with the MCH Block Grant Funds Administrative Rules of Montana (ARM) 37.57.1001?**

Yes

No

The ARM for the MCH Block Grant Funds is located at <http://arm.sos.mt.gov/37/37-12699.htm>

4. **Which of the following MCH required meetings has at least one staff member attended within the last year?** (Please check all that apply)

Montana Public Health Association 2009 Fall Conference

2010 Spring Public Health Conference

5. **Have you conducted at least one client satisfaction survey this year?**

Yes

No

How were the results used for Program Planning? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

6a. **Does your County have a referral system for MCH clients with a local or neighboring hospital?**

Yes

No

6b. **Does your County have a system for following up on referrals of MCH clients made to the local or neighboring hospital(s)?**

Yes

No

7. **Does your County have a system for following up on referrals of Children with Special Health Care Needs (CSHCN)?**

Yes

No

8. **Are MCH services provided free of charge to clients at or below the federal poverty level?**

Yes

No

9. **Are MCH services provided on a sliding fee scale for those clients who are above the federal poverty level?**

Yes

No

10. **Does your County have a Memorandum of Understanding (MOU) regarding coordination of services with Indian reservations? This can also be a written description of interagency coordination efforts.** *(Needed if an Indian reservation is adjacent to the county)*

Yes

No

N/A

11. **Does your County comply with statute Montana Code Annotated (MCA) 50-19-401 through 406, which oversee the Fetal, Infant and Child Mortality Prevention Act (FICMR)?**

Yes

The MCA for the Fetal, Infant and Child Mortality Prevention Act is located at
http://data.opi.state.mt.us/bills/mca_toc/50_19_4.htm

No

12. **Who conducts your County's FICMR reviews?**

Your county team (internally)

A neighboring county team or partner county: _____

FICMR reviews are not being conducted

Name of County

Calendar Year – January 1, 2009 to December 31, 2009

	Number of deaths	Number of deaths reviewed	Number of Reviews Submitted to State FICMR Program
Fetal Deaths			
Infant Deaths			
Child Deaths			

What prevention activities has your County implemented? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

13. Which Performance Measure did you track, what related programs did you offer and how did you evaluate them? Please answer sections 13a, 13b and 13c.

You are only required to track one National or State Performance Measure. Even if you track more than one Performance Measure please select only one on which to report to the State.

13a. Which Performance Measure did your County track in SFY '10 (July 1, 2009 to June 30, 2010)?

Please indicate (by checking) which performance measure you tracked.

National Performance Measures (NPM)

NPM #01: The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

NPM #02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

NPM #03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

NPM #04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

NPM #05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

NPM #06: The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

NPM #07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

NPM #08: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

NPM #09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

NPM #10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

NPM #11: The percent of mothers who breastfeed their infants at 6 months of age.

NPM #12: Percentage of newborns who have been screened for hearing before hospital discharge.

NPM #13: Percent of children without health insurance.

NPM #14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

NPM #15: Percentage of women who smoke in the last three months of pregnancy.

NPM #16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

NPM #17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

NPM #18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

State Performance Measures (SPM)

SPM #1: Percent of unintended pregnancy.

SPM #2: Percent of women who abstain from alcohol use in pregnancy.

SPM #4: Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

SPM #5: Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

SPM #6: Percent of pregnant women who abstain from cigarette smoking.

SPM #7: Rate of firearm deaths among youth aged 5-19.

SPM #8: Percent of low birth weight infants among all live births.



SPM #9: Percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

Name of County

Attachment A

13b. What types of activities, programs or services did you offer for the Performance Measure you selected? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

13c. How did your County evaluate whether the activities, programs or services you offered impacted on this Performance Measure? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

14. Which Health Status Indicator did you track, what related programs did you offer and how did you evaluate them? Please answer sections 14a, 14b and 14c.

You are only required to track one Health Status Indicator. Even if you track more than one Health Status Indicator please select only one on which to report to the State.

14a. Which Health Status Indicator did your County track in SFY '09 (July 1, 2008 to June 30, 2009)?
Please indicate (by checking) which health status indicator you tracked.

Health Status Indicators (HSI)

1A – The percent of live births weighing less than 2,500 grams.

1B – The percent of live singleton births weighing less than 2,500 grams.

2A – The percent of live births weighing less than 1,500 grams.

2B – The percent of live singleton births weighing less than 1,500 grams.

3A – The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

3B – The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

3C – The rate per 100,000 for unintentional injuries for youth aged 15 through 24 years old due to motor vehicle crashes.

4A – The rate per 100,000 of all non-fatal injuries among children aged 14 years and younger.

4B – The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among children aged 14 years and younger.

4C – The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among youth aged 15 through 25 years.

5A – The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

5B – The rate per 1,000 women aged 20 through 44 years with reported case of chlamydia.

14b. What types of activities, programs or services did you offer for the Health Status Indicator you selected? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

Name of County

Attachment A

14c. How did your County evaluate whether the activities, programs or services you offered impacted on this Health Status Indicator? *(Please provide at least 1 and up to 3 examples)*

1.

2.

3.

Printed Name of Person Completing Report

Title

email address

Date

Please print a copy of Attachment A for your records prior to submitting this form. You do not need to fax or mail pages 1-7 of this form if you submit it electronically.

You will need to fax or mail page 8 (with official signatures) to:

**DPHHS, FCHB, MCHC
1400 E Broadway
Helena, MT 59620**

or

Fax to: 406-444-2606

MCHC will send you a pdf copy of your completed Attachment A form with signatures once all pages are received.

Name of County _____

Attachment A

Signature Page

Please mail this page with signatures to:

DPHHS, FCHB, MCHC

1400 E Broadway

Helena, MT 59620

or

Fax to: 406-444-2606

Printed Name of Person Completing Report

Title

Signature

Date

Email

Phone #:

I certify that this report verifies my County's compliance with the MCH Task Order requirements for SFY 2010 and was filled out by the Liaison/MCH contact.

Signature of County Official

STATE USE ONLY

Date received _____

Date verified _____

Electronic records update _____